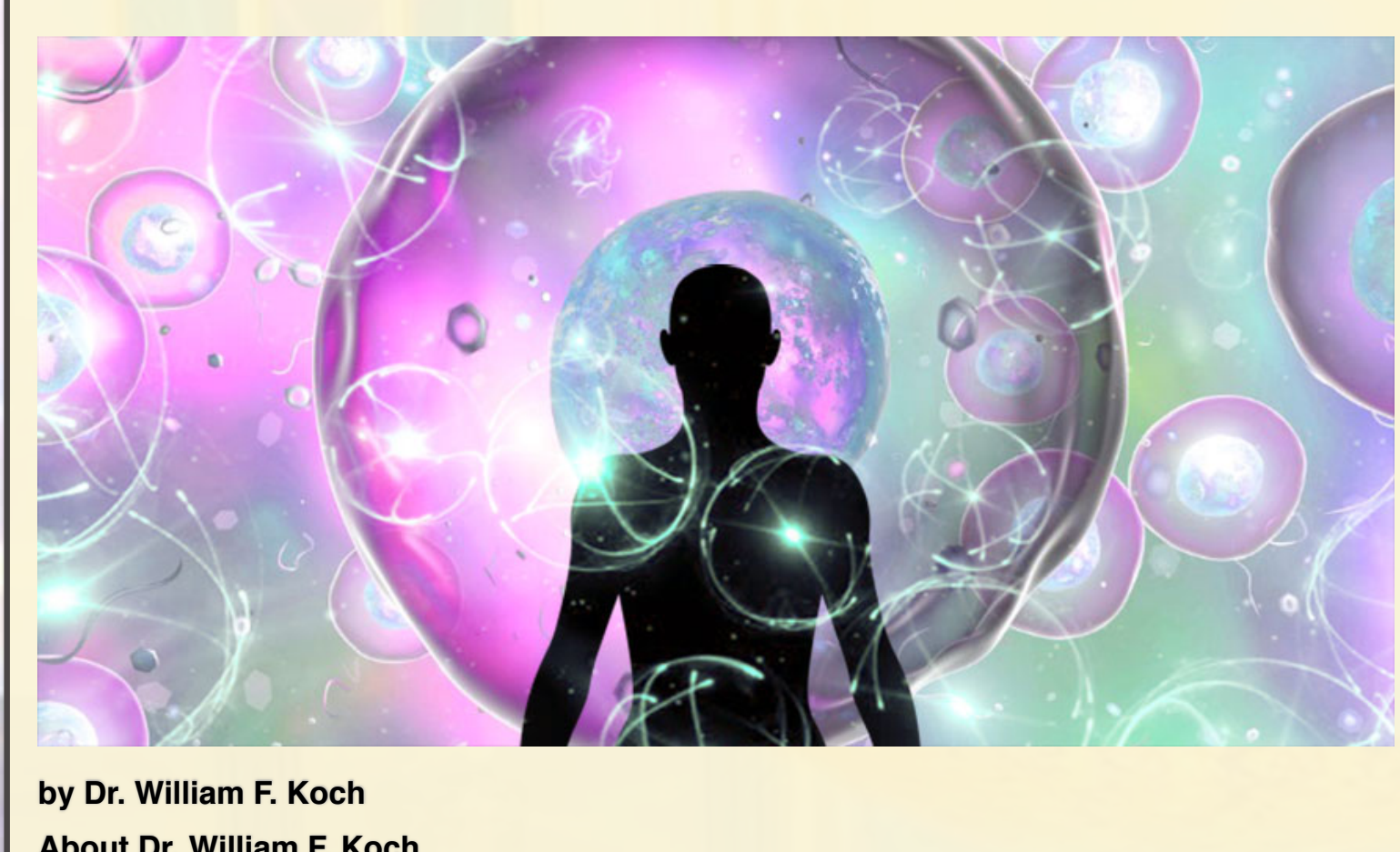
Healing Cancer – The Koch Approach

Nov 23rd



by Dr. William F. Koch

About Dr. William F. Koch

Dr. William F. Koch received his B.A. In 1909, and Ph.D. In 1916 from the University of Michigan. While at the University of Michigan he did his original research on the function of the parathyroid gland. In 1918 Dr. Koch received his M.D. Degree from the Detroit College of Medicine (Wayne State University). From 1910 to 1914 he was an instructor at the University of Michigan. In 1914 he became Professor of Physiology at the Detroit College of Medicine. From 1915 to 1919 he was Pathologist (Active and Honorary) at the Women's Hospital in Detroit, Michigan. After leaving the Detroit College of Medicine in 1919, Dr. Koch went into the private practice of medicine. Since 1919 he continued with his independent research in the United States, Europe, and in South America. He has published many articles in recognized medical journals and well as authored a number of books on the subject of cancer and immunity.

Dr. Koch's Research

Dr. Koch's research focuses on the means to restore the body's oxidation mechanism back to its original vitality, thereby re-equipping the body with its innate ability to restore and maintain health, not only in cancers but also in a host of its 'allied diseases.'

This research led to Dr. Koch's development of several synthetic antitoxins: Glyoxylide, Malonide and PBQ. These catalysts became the stimulant necessary to achieve the oxidative separation of the 'host cell/pathogen integration,' when the pathogen was a virus, a carcinogen, a bacterial toxin or an incompletely burned tissue metabolite. Dr. Koch successfully defined the position of the activated amine group, the free radical, the double bond and the Carbonyl group in pathogenesis and in its correction.

Of historic significance is the knowledge that as early as 1919, Dr. Koch's discoveries were taking him in a direction diametrically opposed to the position held by Organized Medicine, which at that time was investing heavily in the development of radium and surgery as the most promising treatments for cancer.

After failing in its attempt to gain sole control over his research, Organized Medicine launched a fifty-year, unlimited assault aimed at discrediting Dr. Koch's reputation, medical practice and research, along with those of any physician who dared to validate his Theories or use his Reagents. Organized Medicine developed an extensive propaganda campaign, disseminated false information on Reagent chemistry and publicly dismissed the Koch Theories, which emphasized the relationship between environmental toxins, dietary deficiencies and a depleted oxidation mechanism, as primary initiators of the disease process.

Because Dr. Koch endured such extensive persecution in regard to his science, he determined that the medical/pharmacological industry would forever remain unwilling to independently monitor, document or validate any of his ongoing laboratory research or medical case histories; therefore since his death, December 9, 1967, there have been no authentic Koch Reagents reproduced. It was because of the scurrilous intentions held by the medical/pharmacological industry that Dr. Koch intentionally withheld specific knowledge required in the production of viable Koch Reagents. (Therefore, any claims to the contrary should be viewed as suspect.)

A Century of Ignorance

The world's leading surgical journal, the London Lancet, gave an editorial review of the present status of surgery in the treatment of cancer. It gave the same conclusions as did Sir James Paget a century ago, when he stated in his text on Cancer that this is not a surgical disease, that the condition was profoundly constitutional, and that operated cases did not live as long on an average as those that were left untouched. From 1910 to 1950, the American Cancer Control Society created an energetic propaganda that of breast cancer could be cured surgically or by irradiation, and that early diagnosis was the prime advantage. Now after the statistics are analyzed the Lancet quotes the worlds leading surgeons on the results of early operation with the same discouraging conclusions as Sir James Paget stated a hundred years ago. In the meantime life insurance statistics and others established the fact that operated cases, the early cases, lived less by two and a half months than the inoperable, far advanced cases that were not operated. Add to this two and a half months the year or so it took the early case to become inoperable and advanced, one sees that surgery done with all its courage, sacrifice and dexterity is not the attack that is required to win against this disease. The Lancet states. "The intensive campaigns to awaken the public to keep on the watch for tumors and report for the earliest possible diagnosis and treatment has met with good response, but the anticipated drop in the mortality rate did not follow." "Despite a long and intensive educational program for the early detection and treatment of cancer, the death rate from cancer of the breast shows no downward trend". In fact, "The comparative mortality index, which allows for changes in the age structure of the population, shows for men a rise of 6V in cancer mortality between 1938 and 1950." "The size of the primary tumor is no guide to curability, two-thirds of patients reporting with tumors of the breast which were smaller than a hazel-nut already showed metastases," and with regard to lung cancer, "If recent experience is typical, however, by the time definite abnormality appears in the radiograph, most cases of pulmonary cancer have progressed too far for successful resection." "Survival rates after simple excision, radical mastectomy, and irradiation, are depressingly uniform." "Our basic approach may be wrong; the attempt to treat cancer as a local disease rather than a general disease, may be as irrational as treating syphilis by excising the primary chancre." "In most if not all lethal breast cancer remote spread takes place by the blood stream before interference is practicable." "The survival rates after different periods of delay before seeking medical advice often shows a curious paradox. Thus Swynnerton and Truelove reviewing 395 cases of gastric carcinoma, showed that the greater the delay and the longer the history of symptoms the greater was the survival rate." Here we find in the Lancet of April 3, 1954. p. 714, with other statements of similar import, the conclusions of the world's most advanced surgeons. A year later Dr. George Crile of the famous Crile Clinic in Cleveland gave thorough information to the profession and the public on this subject and was in exact agreement. Now comes the report of the 12th annual scientific meeting of the Detroit Institute of Cancer Research. The consensus was the same, Dr. Harden B. Jones, professor of medical physics at the University of California, gave the ultimatum, "The odds for or against the recovery from cancer are set long before the patient sees a physician." and "There is no evidence that treatment by surgery or radiation, the only recognized methods of therapy affect the course of the really malignant forms of cancer." and "Early treatment is a nice theory, but there is no evidence that it benefits the patient." "Some drastic cancer therapies not only do not help but are harmful.'* "The tumor easily could have a billion cells before it is large enough to be recognized as cancer. Some of these cells are already in the blood stream."

Unfortunately radiation does not answer the needs of the patient, but adds to the basic pathology. The convention of the American Roengten Ray Society of September 1954, added to the report of the Roengtenologist of the University of Pennsylvania in 1925 where he stated that irradiation before and after surgery opened the vascular and lymph spaces and helped the spread of the disease instead of retarding it. His report was so unpopular that it was suppressed. But today the statistics are so disheartening that even the radiation therapists are bold in reporting that where deep therapy is poured into a neoplasm of one type, a more malignant form or a bone sarcoma is created underneath only too often. That the Survival factor is destroyed by irradiation is seen in the hereditary defects in the offspring of radiologists. These show in some 10,000 children, of radiologists, twice the incidence of cancer and more defects in eyes, heart and blood, than in children of physicians not exposed to irradiation. Eight to ten times more radiologists die of leukemia than general practitioners. When one recalls that viruses are thousands of times more resistant to irradiation than tissue or cancer cells, the situation is logical.

Fifty years ago nothing was known about cancer except the diagnosis, which was about all there was to become expert in. The gross and microscopic pathology was so well learned that the resort to the biopsy was regarded as a sign of poor training (Ewing) (Warthin). Our professor of pathology insisted that we make 100% correct diagnoses and give the microscopic description from the gross findings alone. Every surgeon on the University staff did it regularly.

Today, however, high specialization makes the biopsy an essential for many. For many years ahead of my day, all that was known beyond diagnosis was that cancer was caused by "irritation." But no one knew exactly what "irritation" meant, or how it operated to cause cancer Further, there was no information to serve as a starter to investigate the problem. But still the walks through the hospital wards fervently cried for the solution. The surgeon was doing his untiring best and the radiologist hoped and hoped that his approach might some day prove fruitful. And yet no facts stepped forth to show how to even make a start, — nothing from within the cancer properties themselves.

So the writer decided it might be helpful to get the basic facts on any of the deepest injuries to the body chemistry that could be produced, observe their effects on every tissue quality possible, and then figure out how any of these changes might take part in the pathogenesis of cancer. The effects of complete parathyroidectomy were chosen for this purpose, largely because the great experts of that day on this very subject seemed to have overlooked the main factors in parathyroid insufficiency, and because a subject as important as that should be at least reasonably explored.

As the writer's investigations progressed in accumulating more data it began to appear that he made the correct start. The findings were carefully evaluated, the conclusions drawn, and from these a postulate was formulated and tested out in the broad field of disease. It was hoped that if the venture would be propitious, a century of ignorance would be hurdled, and a basis for investigating the cancer problem itself would be reached. A landing in barren territory simply called for a fresh start and another trial. However, the first attempt proved fortunate. Our postulate had been drawn up with every effort at precision, and the conclusions were fruitful. Under the circumstances this was even more important than if our interpretations were correct or "true." For the aim was to reach a position of utility.

The utility has two leading aspects. One lies in the proof that the four primary cell functions — contraction, secretion, conduction, and cell division — are provided with energy that is produced and received by each functional unit in accord with one and the same pattern, and when interrupted so as to produce disease, the fault is the same in pattern and subject to the same type of correction by one and the same atomic structure. The other phase of utility is the explanation of both viral and neoplastic parasitisms, the atomic bondings and electronic displacements that constitute the integration of the pathogen with the host cell, which not only accomplish the pathogenesis, but actually provide for and invite the oxidative cleavage that leaves the host cell in normal functional status, perfectly reconstructed, and the virus no longer to be found. The text demonstrates this as well as the fate of the neoplastic cell and the process by which it is disposed of. These matters are based on firm chemical laws as the text will show.

So whether the cell contractile fibrillae as in asthma, or the secreting fibrillae as in hay fever, or the conductile fibrillae as in a compulsory neurosis, or some other phase of insanity, or the mitotic fibrillar system as in neoplasia, happens to be attacked, the basic pathology is the same and its correction is necessarily the same, too. This is the subject we will demonstrate in this text. We have no thought that our presentation is the best that could be made. However, since we have opened the door and uncovered the mysteries it enclosed, it is our chore to make the disclosure. This door stands open for endless investigation and for collaboration as well. It should be inviting for our proofs of the cure of the many forms of cancer offered in this text stand firm, firstly in their diagnoses made by Americas leading surgeons, with the patients housed in our proudest institutions where every facility for a firm diagnosis was at hand. Then, too, the clinical diagnoses were confirmed by our foremost pathologists. Secondly, the cures were demonstrated to be permanent with reconstruction of tissue so good function was restored, and accomplished by a definite process without leaving even a microscopic trace of cancer cells.

It will be seen that whether the correction happens to be in far advanced cancer of the vital organs, widely metastasized, and the patient in extremis, or the correction happens to be in the terminal phase of rabies, hog cholera, or some other 100% fatal viral disease, the reversal of the pathogenesis follows the same definite order. This physiological aspect of the correction, we will attempt to show, depends upon well proven laws in chemistry that are basic to tissue cell energy production and energy use, and primarily basic to all vital processes. Thus a least common denominator in pathogenesis and its correction has been reached. It serves as a key to the interpretation of disease production and also to its correction in the whole field we have investigated so far.

****

"Following the Koch trial, a number of physical attacks were made upon me…I was robbed and beaten in my office and on the street…Similar attentions were paid other physicians who agreed with Dr. Koch.' – Anonymous MD."

"(Dr. Koch himself was the target of at least 13 unsuccessful attempts on his life' – Riley H. Crabb.)" – M. Layne, The Koch Remedy for Cancer…Borderland Sciences Research Foundation.

"One doctor…J.W. Kannel, saved a young girl…She had hopeless cancer of the spleen… One shot of Glyoxylide, and she became well (in 1943; still alive in 1983)…For (this), Kannel was barred from all hospitals in Fort Wayne…The FDA had (Glyoxylide inventor, Dr. William Frederick) Koch arrested and thrown into an incredibly filthy jail cell in Florida in 1942."

"In 1926…The AMA…attempt(ed) to send a doctor using Koch shots to prison…(in) Massachusetts…Justice Pierce…berated the District Attorney, calling the opposition to Koch 'a moral crime of the very worst kind'." – Wayne Martin BS, Purdue Univ. (Author, Medical Heroes and Heretics); We Can Do Without Heart Attacks. c. 1983.

****

Virus And Cancer Cells

Cancer cells and viruses are both parasites; that is they have to depend upon sources of energy and material that belong to other usages to conduct their characteristic activities. The virus cannot produce the energy it needs for its vital processes, so it gives signs of life only so long as it is integrated with a living source of energy and food which it diverts to its own ends. The cell it preys upon, the Host Cell, is killed thereby. The cancer cell is not able to perform the functions it was created to do for itself or any of the other cells of the body to which it belongs and is responsible. It has lost its capacity to conduct oxidations, and also the mechanisms that use the energy of oxidation for useful work. Instead, a low grade process, wasteful fermentation, is used to produce energy. This energy is transferred to the mitotic mechanism, where it forces cell division, as it has no functional mechanism to use it where its production is normally controlled by the demand for the function. The mitotic mechanism thus becomes parasitic upon the rest of the cell and the body as a whole.

Viruses may cause normal cells to go neoplastic: maybe all cancers require them. Several hundred synthetic substances are known to cause cancer. It has not yet been decided if or not viruses play a part here, too, but many cancerologists think so. It will be seen how the synthetic carcinogen may prepare the way for the virus to integrate with the mitotic mechanism and complete the neoplastic change.

The institution of parasitism within a cell, be it viral or neoplastic is a complex affair that depends upon a disposing cause besides the particular virtues of the pathogen to show its specific action. Of these anoxia or hypoxia is a leading factor. With plenty of oxygen available as normal structure determines, there would be no pathology if the oxidation catalysis were adequate, and logically enough, it happens that an adequate oxidation catalysis prevents oxygen deficiency in any tissue. This fact will become apparent as we go along. So the key to the correction will be seen to be the restoration or provision of an adequate oxidation catalysis. The initiating act in the oxidation process, namely, dehydrogenation is a main subject of this book. Then there is the subject of the environmental factors that have contributed to the block in the oxidation catalysis. These are discussed also in the hope that a good working picture of the matter is at hand.

Vaccine Problems

From what was stated so far it is seen that vaccines for a specific virus do not immunize against the nucleoprotein that is the actual pathogen, especially after it has penetrated and integrated with the host cell, so to talk about curing cancer with vaccines or immune sera is a waste of time. Even the prevention of viral infection by vaccines is meeting the strongest statistical opposition since large scale small-pox and Salk vaccinations have been recorded. In line with what is known about vaccine structure, statistics appear logical when they show that paralytic "Polio" is increased both in incidence and fatality by use of the vaccine. One may compare various regions of different climatic conditions for the data. In all of these the Salk vaccine was enthusiastically applied, in greater number each year, and the incidence increase was tremendous each year, whereas, if the vaccine were effective there should have been at least a little statistical improvement. In Montreal, generally cool, they reported on August 27, 1959, 521 cases with 27 deaths, just while the "Polio" season was getting well under way, as compared with less than one hundred in 1958. In Ottawa, generally cool, 455 cases with 41 deaths were reported on August 22, 1959, as compared with 64 cases with 7 deaths in 1958. In all of Canada, even before the epidemic started to decline, there were 7 times more paralytic cases in 1959 than in 1958 with a greater death rate. In Detroit, much warmer, where vaccination was thorough, the number of cases in 1958 was 697, against 226 in 1957. In the District of Columbia, still warmer, the Health Department reported 7 times as many cases in 1958 as in 1957. In New Jersey, in 1958. the Health Department reported twice as great an incidence as in 1957. The United States Public Health Service reported an increase of 15 1/2 % of paralytic cases in 1958 over those in 1957 (49% against 33.5%). In Hawaii (tropical) there were 65 victims including 32 paralytic cases in 1958; half of these paralyzed cases (16) had received three Salk shots, in an island where 60% had been vaccinated. In 1957 only 25 and 8/10ths% were paralytic instead of 49 and 9/10ths% in 1958. If the vaccine were effective there should have been a 60% decrease in the incidence in the whole island of the paralytic infections, instead of an increase of nearly 100%.

Nationwide statistics issued January 4, 1960, by the United States Public Health Service, show that for the year 1959, up to December 26th (51 weeks), the increase in the incidence of Polio rose 85% over that of the same period of 1958. There were 8,531 cases listed for 1959. of which 5,661 were paralytic, as compared to 5,987 in 1958. of which 3,090 were paralytic. We just showed the great increase in 1958 over the incidence of the total and the paralytic cases of 1957. Where compulsory vaccination was practiced as in North Carolina and Tennessee, Bealle's investigations report a 400% increase in paralytic and non-paralytic Polio during 1959 over 1958. So it seems that the more vaccine that is used the more the actual infection that comes about. The statistical analysis teaches much about the nature of the virus.

Of course, this is comprehensible when one considers that the virus breaks up into its component units on penetrating the host cell, as if by a depolymerization process, and it grows by acquiring new units to add to each, as by a copolymerization process. Some investigators compare the viral structure to a deck of cards. The complete deck or complete virus with all its units is the parent pathogenic killer type. The vaccines may be regarded as incomplete decks, with not all the units required to make up the full killer type. Now, if a person carried vaccine units of, let us say, half or less than the killer type requires and another vaccination or infection by a crippled non-fatal virus comes along that presents the units missing in the protective infection or vaccination of a previous period either one of which alone can not produce the disease, the units all added up could constitute the complete killer type, and it has been shown that they are "shuffled" in at random to make up the full virus, vaccination may add to the incidence of serious or fatal infection, and the more the vaccination the more the chance for building fatal viruses.

This happened in the writer's early practice (1920). Two cases were vaccinated against small-pox from the same vaccine lot. One had no effect. The other came down with a rapidly fatal smallpox. There was no epidemic at hand in Detroit at the time, so it was concluded that the fatal case's innoculation carried units required by a previous silent infection to make it fatal.

Smallpox

Statistics on vaccination against smallpox in the Philippines when the United States took over are instructive. Reports run thus: In 1918, the Army forced the vaccination of 3,285,376 natives when no epidemic was brewing, only the sporadic cases of the usual mild nature. Of the vaccinated persons, 47,369 came down with smallpox, and of these 16,477 died. In 1919 the experiment was doubled. 7,670,252 natives were vaccinated. Of these 65,180 cases came down with smallpox, and 44,408 died. One sees here that the fatality rate increased in the twice vaccinated cases. In the first experiment, one-third died, and in the second, two-thirds of the infected ones. This speaks for the retention of viral units from the previous vaccinations, and indicates that, in the vaccine the shuffling in of units varies in different specimens of vaccine. It should be stated also that every epidemic of viral disease treated by the writer followed vaccination within a few months, when protection should have been had instead of an epidemic. This was so in Brazil, in Aftosa, Cinemosa, Hog Cholera and Rabies, and in Cuba in Hog Cholera.

The question arises then as to how one accounts for the decrease in the incidence of small-pox, since vaccination was instituted. The question is not easy to settle, since the hygienic improvements in sewage disposal has wiped out the means of spread of intestine carried viral infections. In the great smallpox days, excreta were thrown out of the window into the streets, then the outhouse was invented with its flies, etc. Today modern sewage is an obvious advantage, and soap and water are available even for washing the fingers of cooks and waiters in restaurants, and inspections by Public Health Officers help greatly in keeping down the spread of infection. It must be recalled that viruses integrate with bacteria and when these form spores, the integrated virus shares the protection of the spore against sterilization by chemicals and heat. They can thus survive for many months or years with full virulence. The intestinal tract is known to be a favorable habitat for such integrated viruses, so the hygienic measures of today would wipe out smallpox anyway without the benefit of vaccination, if there is any when carried on commercially. The present-day kitchen garbage disposal sink apparatus has cut down the incidence of the house fly so much that its universal adoption should become the greatest health booster of the century. In the writers experience, vaccination is a laboratory success when the technique is correct all the way through. Commercially the statistics do not look so favorable when other variables are encountered.

Cancer

Glover showed in 1923 that the cancer virus existed in a pleomorphic germ that was bacillus in one phase and coccus in another, and virus in the third phase. He also showed it could exist in a fungus or micelium phase. The latter form has been identified lately by Irene Diller, and some others, and the whole chain of forms was independently proved by von Brehmer, in the last few decades as well. The work was thoroughly repeated and proved by my friend Jacob Engel and George Clark, at the U.S. P.H.S. laboratories, but, for reasons we will not discuss, they were not allowed to publish their findings. The infectious nature of natural cancer was thus proven beyond any doubt by carefully following the four laws of Robert Koch. Doctor Clark was able to get a paper read on this confirmation in 1953, at Rome, Italy, at the Sixth International Congress of Microbiology. So at last the facts are recorded in the archives of orthodox scientific literature.

In the usual viral infections, the host cell material and energy are used to build the viral colony with terrific multiplication of new viruses. In cancer, both nutrition and energy go into the building of new cancer cells and perhaps only an equal number of integrated viruses. For this reason it has been difficult to demonstrate the virus in certain cancer growths. Synthetic carcinogens numbering over two hundred have been tried out.

Excerpt from *The Survival Factor In Neoplastic And Viral Diseases*

To continue reading see here. [Note that the Koch Alternatives has no affiliation with the Koch Institute.]

More On William F. Koch by Truthquest

Most internet sources with information about Dr. Koch appear to have strived for accuracy in an effort to bring Dr. Koch's theories to the scientific community in order to improve the well-being of mankind. My own naturopathic physician, the late, internationally-known Dr. Harold Dick, N.D. of Spokane, Washington, witnessed this homeopathic treatment administered by injection to a cancer patient by the medical doctor whose clinic he took over. I believe they had to order it from Dr. Koch's clinic in South America.

He told me personally that it was the "quickest damn cancer cure" he had ever seen. He explained that it induces oxidation and a high fever that eradicates cancer, just as one's own immune system is potentially capable of doing by the use of fever when it is allowed to function properly rather than being suppressed by the use of palliative (but not curative) allopathic drugs. In fact, in the immune arsenal, FEVER is it's most powerful weapon. It can "cook" heat-sensitive cancer cells, speed up metabolism to aid the healing and cleansing process, kill microbes, etc.

Just by coincidence, I also met a Dr. E.A. Rado in Grandview, Washington, who was on a government panel that investigated Glyoxylide as a cancer treatment in the 1940's or 50's. He insisted it was nothing but a hoax–a water injection, or something of the sort, which is what a chemical analysis of any homeopathic remedy would have appeared to be over 50 years ago, before more sensitive chemical analysis was available. Homeopathic solutions are made increasingly potent by a process which appears to dilute the material until there is nothing of the original source left, when in fact the process reportedly releases the energy from the source, which makes its affects far more powerful. (Just as splitting the atom creates energy.)

According to Dr. Harold Dick, N.D., one single death on record was attributed to the use of Glyoxylide. A man reportedly died as a result of, or during the course of the high fever the remedy provokes, and on that basis, Dr. Koch's remedy was banned in the United States and he virtually went into exile in South America. Interestingly, the yearly deaths attributed to "iatrogenic diseases" (doctor-caused) outnumber the total casualties of the VietNam war, not to mention that the "cure" rate for conventional cancer treatments is less than 5%.

The following information covers over 50 years of research by Dr. Koch, who claimed to have discovered the most basic cause, or underlying factor of all physical disease. Some claim he laid the foundation for "the birth of a new science."

Dr. Koch reportedly left full documentation that explained the chemical processes needed to reverse a disease condition. His main focus involved the oxidation mechanism of the body, and how to restore it. Since cancer cells are known to be anaerobic, meaning they don't use oxygen like normal cells, then obviously this disease involves oxidation processes, or the lack thereof. He believed that once this body function was restored to it's original state of vitality, that the immune system would be newly equipped to once again bring the body back to a state of health, and to maintain it, not only in cancer but in other diseases.

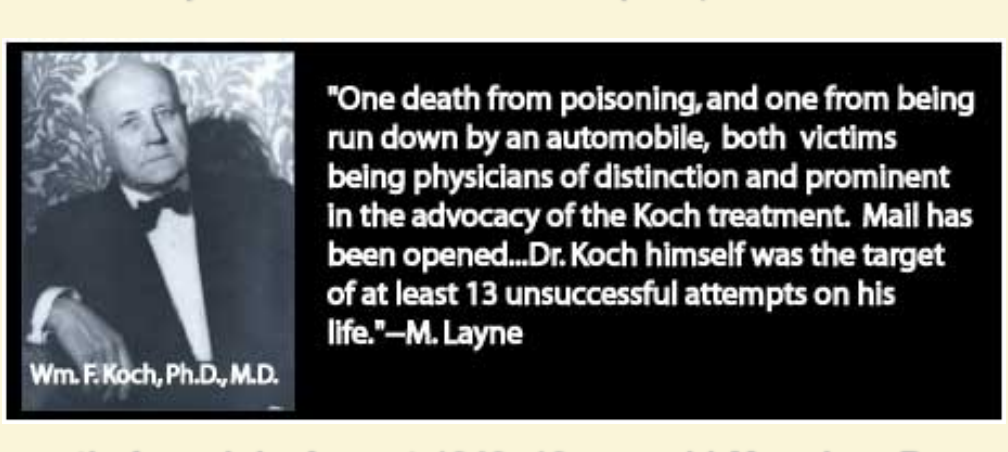
According to an internet biography of Dr. Koch, "This research led to Dr. Koch's development of several synthetic antitoxins: Glyoxylide, Malonide and PBQ. These catalysts became the stimulant necessary to achieve the oxidative separation of the 'host cell/pathogen integration,' when the pathogen was a virus, a carcinogen, a bacterial toxin or an incompletely burned tissue metabolite. Dr. Koch successfully defined the position of the activated amine group, the free radical, the double bond, and the Carbonyl group in pathogenesis and in its correction."

According to the biographical information, as early as 1919, Dr. Koch had already run afoul of "conventional medicine" with his discoveries and theories. Even at that time, the profession was investing huge sums in the creation of radiation and surgery (the "cut" and "burn" treatments) as the supposedly most effective cancer treatments, and Dr. Koch became a threatening entity, just as today efforts by the medical establishment to suppress all but "conventional treatments"–meaning those that generate profit for organized medicine–overwhelm most efforts to find or publicize more effective and less dangerous treatment alternatives.

History records that the so-called "medical authorities" or "powers-that-be" in the industry spent 50 years attempting to discredit Dr. Koch and anyone who had the courage to support his theories or use his reagents, and with the unlimited resources and power of these people, few such individuals or reputations survive such a targeted onslaught. The same thing happened to the brilliant French scientist Dr. Antoine Beachamp, whose discoveries were stolen and then ineptly and erroneously interpreted by lesser scientist Louis Pasteur–a powerful force in medicine due to his own self-aggrandizement–who destroyed Beachamp's reputation to keep him quiet.

The proponents of Dr. Koch claim that "Organized Medicine developed an extensive propaganda campaign, disseminated false information on Reagent chemistry and publicly dismissed the Koch Theories, which emphasized the relationship between environmental toxins, dietary deficiencies and a depleted oxidation mechanism, as primary initiators of the disease process."

Also, "Because Dr. Koch endured such extensive persecution in regard to his science, he determined that the medical/pharmacological industry would forever remain unwilling to independently monitor, document or validate any of his ongoing laboratory research or medical case histories; therefore since his death, December 9, 1967, there have been no authentic Koch Reagents reproduced. It was because of the scurrilous intentions held by the medical/pharmacological industry that Dr. Koch intentionally withheld specific knowledge required in the production of viable Koch Reagents. (Therefore, any claims to the contrary should be viewed as suspect.)"



"One death from poisoning, and one from being run down by an automobile, both victims being physicians of distinction and prominent in the advocacy of the Koch treatment. Mail has been opened...Dr. Koch himself was the target of at least 13 unsuccessful attempts on his life."—M. Layne

Wm. F. Koch, Ph.D., M.D.

From another internet source:

Dr. Koch and Glyoxylide/Malonide

These days polio is a virtually unheard of disease in America. But there was a time when it was devastating and greatly feared. In August 1949, 19-year-old Mary Lou Barnes' leg gave way. The next day the leg became paralyzed and their doctor, Harold Wilson, told them it was Polio. Wilson injected Mary with 2cc of Glyoxylide. The next day sensation returned to Mary's leg and that evening she came down to dinner. The news of Mary's startling recovery immediately made headline news across the country. This was the first time Wilson had used Glyoxylide and he asked city hospital authorities if he could try it on more Polio cases. Permission was denied. The AMA had blacklisted the drug. In December 1952 the local branch of the AMA expelled Wilson from membership thereby denying him hospital privileges. It didn't matter that Dr. Wilson had done his job and saved Mary from at least severe physical problems, probably paralysis. What was important to the AMA was that he had done it using a drug unapproved by them.

Glyoxylide/Malonide was developed by Dr. William Koch. Koch (1885-1967) received his BA, MA and PhD (Biochemistry) all from the University of Michigan. In 1914 he became professor of physiology at the Detroit College of Medicine where he earned his MD in 1918.

Koch noticed that cancer and other diseases broke down the body's oxidation system; if there was healthy oxidation in the body there was no disease. Koch decided to develop a non-destructive cancer therapy that would work with the body's natural chemistry. He found that heart and brain tissue was particularly resistant to oxygen starvation. He identified carbonyl compounds as being responsible for producing energy and was vital to the body's oxidation process.

Now it was time to test his theory, and in 1917 he was given his chance. A woman in late stages of metastasized liver cancer in a Detroit hospital was only expected to live a week. Koch gave her a carbonyl-rich extract of heart and brain tissue. When visiting the following week, Koch found the hospital bed empty and assumed she had died. The following June, however, Koch was astounded to bump into the woman on the street who gave him a big hug. The woman said she'd asked after him, but the hospital had lied and told her he went off to work for the U.S. Army.

After Koch wrote an article about this in the Detroit Medical Journal an AMA representative came to visit. He asked for all rights to the treatment as well as all the research and methodology of creating it. Not surprisingly, Koch refused. A couple of months later Koch was denounced as a quack in the Journal of American Medicine (JAMA).

Koch soon developed a method of creating oxygen rich carbonyls synthetically that was far cheaper and easier than the complex heart and brain tissue extract. They were called Glyoxylide and Malonide. A simple explanation of Koch's treatment is that it kick starts the body's oxidation system.

In 1919 Koch requested the Wayne County Medical Society to appoint a committee to test his treatment in five terminal cancer cases. The committee chose five "stretcher" cases, all at death's door. Koch treated them and in three weeks they were all up and about, cheerful and gaining strength. The committee immediately ordered them all home and "forbade them any more care from Koch." (p 55). The committee's final report was "no results."

Koch wrote about one of the patients' recoveries in his 1955 book, "Survival Factor." "Mrs. Edith Fritts had cancer of the uterus proven by laporotomy as extending throughout the abdomen and perforating the stomach so as to cause severe bleeding. She lived fifteen years in good health after the treatment and died from an accident. The coroner's autopsy showed no cancer was present…" Koch had given Edith one shot of Glyoxylide. (p55.)

In 1923 Koch appealed to the committee to change its false report made in 1919. They refused. Dr. Dewey M.D., a professor of homeopathy at the University of Michigan had observed the Cancer Committee's official review and wrote to Koch on October 25, 1924.

"I have received what is termed the latest report on your treatment. This claims to be an account of the séance held on Nov. 5, 1923, at which I was present and took notes of each case. For a studied intent to falsify, a premeditated determination to condemn everything, and an unscientific, un-American assumption to be judge, jury, and prosecuting witnesses, the report of this so-called committee outstrips in bias, unfairness, and mendacity anything that has ever been my lot to observe in a medical practice of forty-two years." (p56/57.)

The letter concludes "I hope that some day your treatment will have an investigation before a body of seekers after the truth. These you will not find in American official medicine, which is a trust to keep all progress not coming from it's own out of the field."

Incredibly, during 30 some years of Koch's therapy being used in the U.S., the Wayne County Medical Society's "trial" is the only official test ever carried out despite repeated requests from Koch.

Dr. C. Everett Field of the Radium Institute of New York reviewed the Institute's October 1923's "Investigation of Thirty-Four Koch Cases". Field wrote, "The exhibit without doubt formed the most remarkable experience of my medical career." (p57) Field spent many years documenting and publishing the results of many of Koch's cases. Field was also reprimanded by the AMA for supporting Koch and suffered as a result.

In 1935 Koch went to Belgium at the invitation of Dr. Maisin, who was a world-renowned cancer expert. Six weeks later a group of powerful American doctors came to Belgium and tried to convince Maisin that Koch was a fraud. But Maisin was only interested in the truth and told them, "I am convinced it is scientifically sound and clinically efficient." (p63) The motive for the Americans' visit was that one of them had large investments in radium and did not want competition from Koch's treatment. Dr. Arnott was acquainted with Maisin and told the Ontario Cancer Commission (1939) what Maisin had told him. (p64) "Dr. Koch's formula is a new method for treating disease. The Koch formula should not be called merely a cure for cancer. It is a very important step and is likely to change the whole picture of medicine and pathology because of the clinical results."

In January, 1943, Koch was in court fighting the first of two trials brought by the FDA for supposed labeling fraud . It is in large part because of these two trials that we know how effective and how much evidence there was to support Glyoxylide's effectiveness. Koch organized a large amount of case histories with biopsies and patient testimonials.

The Koch lawyers presented hard evidence of cures of cancer of the bone, uterus, stomach, liver, spleen, pancreas, …breast…as well as cures of TB, polio, asthma, heart thrombosis, leprosy, hyperthropic arthritis.

The government lawyers presented various experts who admitted they had no experience with the Koch therapies. Still, they testified, Glyoxylide and Malonide could not be effective "in their opinion." (p71-72)

One particular case was Wesley Roebuck, who had surgery in 1926 for cancer of the stomach. The disease returned so he went to Koch and received a shot of Glyoxylide. The cancer cleared up and he testified at Koch's trial over 14 years later and cancer free.

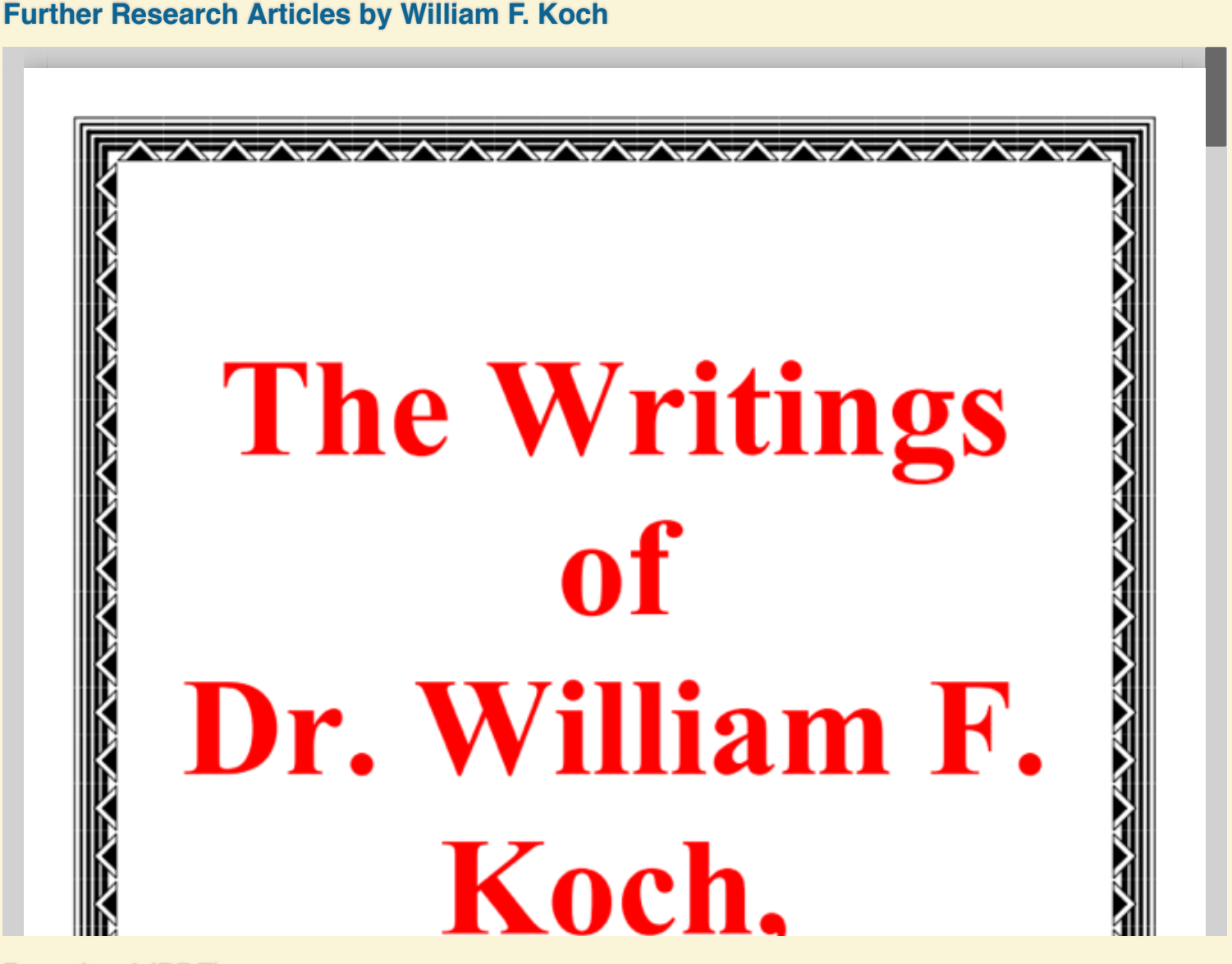
In the first trial, two newspapers closely followed the proceedings, the "Detroit Times" and the "Detroit Free Press." Headlines taken from court testimony read, (p72) "Three Cancer Cures Put in Record at the Koch Trial…Hospital Executive gives Case Histories as Defense Witness…Doctor Testifies Koch Formula Aided 16 Cases…Cancer Doctor Says Koch Cure Replaced X-Rays."

Even though Koch provided vast amounts of evidence that his treatment worked, it was a hung Jury. The country was at war. Americans found it difficult to believe the government would suppress an effective cancer treatment. Koch's second trial in 1946 was declared a mistrial.

Dr. Albert Wahl of Mt. Vision, NY, is an interesting example of how people can change dogmatic opinions when they investigate, or are forced to face the facts for themselves. For years Wahl dismissed Koch's treatment as worthless, basing his opinion on JAMA misinformation. His sister became ill with cancer and his father took her to Koch, over Wahl's objections. "She promptly recovered in characteristic fashion" (p81) Wahl wrote in his 1947 book "Least Common Denominator," in which he documented 150 cures he had observed using the Koch treatment. Wahl said of the Koch treatment, "The most startling element is the utter simplicity of the Koch treatments… After using them, I felt I'd never practiced medicine before." (p81/82)

Fearing further government harassment and possible further trials that he could not afford to defend against, Koch left the U.S. in 1948 never to return. He died in 1967 [from poisoning].

Further Research Articles by William F. Koch

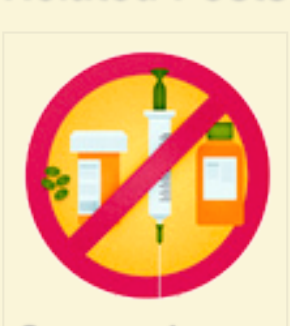


The Writings of Dr. William F. Koch.

Download (PDF)

Print Friendly

Related Posts:



Suppressing Cancer Cures

Researchers Show How

EXTRA! EXTRA!
CANCER CURED!!

Gaston Naessens And

Photorepair And Cancer: A

Posted in Health, Other Topicswith 1 comment.

Comments

D says: October 7, 2021 at 7:10 pm

Thank you SO much from a fellow archivist.

‹ Older Post Newer Post ›

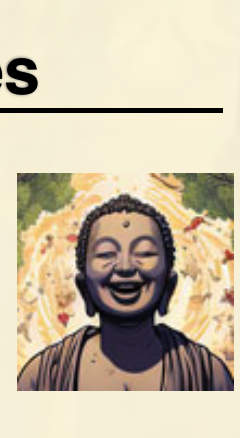
Language Translation

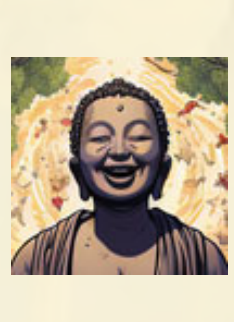
English

Books Menu

The Truth About Mars
The Elysium
The Anthenium
Voice of Venus
Voice of Eros
Voice of Hermes
Voice of Orion
Voice of Muse, UN.AR.I.U.S., Elysium
Infinite Contact
Infinite Concept of Cosmic Creation
Tempus Procedium
Tempus Invictus
Infinite Perspectus
Cosmic Continuum
The True Life of Jesus
Tempus Interludium I And II

Recent Articles

The Importance Of Humor In Soul Growth 

Achieving Peace Within 

Excursions To The Spirit World ~ Part I

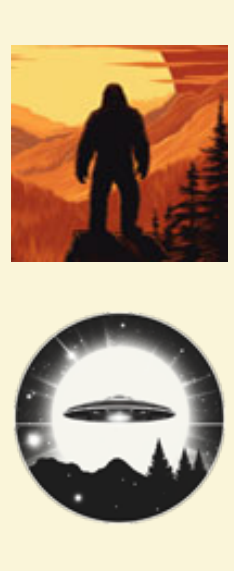
The Riddle Of Aging

How Past Life Exploration Can Heal Your Life ~ Part II

Flowers Of Spirit

The Sasquatch Message To Humanity ~ Part II

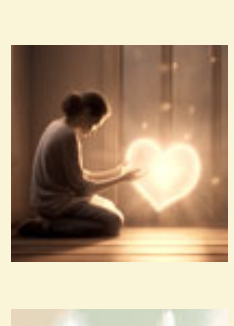
The Etherians: A Matter Of Urgent And Critical Importance

Shot Dead ~ Documentary 

Dreaming In Time

On Compassion

Heaven Descended!

The Astral Realm: Understanding Obsessive Entities ~ Part II 

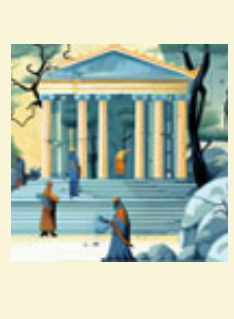
ET Contact

See The Pattern: The Cosmos Is Alive

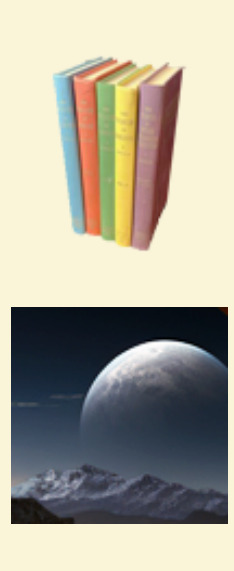
The Exodus

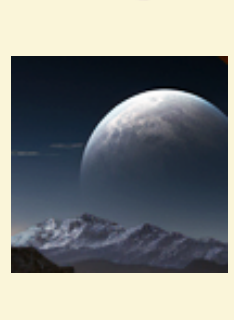
The Pythagorean Theory Of Music

The Pulse Of Creation Series

Mass Dreams Of The Future ~ Part II 

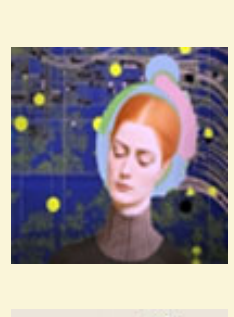
Saucerama

The Lost Chord Of Christianity 

Mass Dreams Of The Future 

The Sound Of Freedom

Fundamental Concepts: Energy And The Psychic Anatomy

Development Of The Greater Self 

The Astral Realm: Understanding Obsessive Entities

The Sasquatch Message To Humanity

Flying Saucer Pilgrimage

How Past Life Exploration Can Heal Your Life

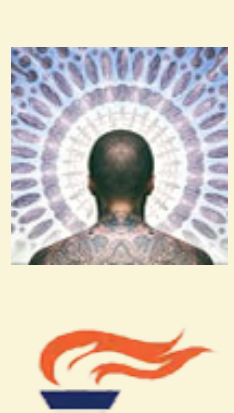
Treasures In Heaven

Releasing Negative Influences

Shedding Light On War, Peace, And The Brotherhood Of Man

Ancient Pyramids And Electricity

UNconventional Grey

Encounters With The Departed 

Understanding The Nature Of Good Versus Evil

The Great Hum

The Moon Is Inhabited

A Civilization That Vanished

Hidden Knowledge Of Frequency And Vibration

Letters To You From BALORAN

Reincarnation Concept – Becoming Widespread

Forces And Frequencies

Venusian Contacts ~ Part XVI

The Masters Of Wisdom

The UFO Influence In The Conquest Of Mexico

The Secret Of The Saucers

Follow Us

Copyright 2023 UnariunWisdom.com - UNARIUS is a registered trademark owned by the Unarius Educational Foundation dba Unarius Academy of Science